

Work Order ID 96665

January-30-13 1:26:29 PM

\*96665\*

Page 1

Item ID: D2236

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Lid Rib

Stop

\*NS2\*

Start Date: 1/30/13 Start Qty: 8.00

\*8\*

Cust Item ID:

Required Date: 2/13/13 Req'd Qty: 8.00

\*8\*

Customer:

Reference:

Approvals: Process Plan: MLS

Date: 13-01-30 Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date: SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D2236	C								
100		0.00							
<b>*100*</b>	Large Fab								
	Memo	0.00							
	1- Pick D3166-3 and cut use DT8303								
	2- Remove identification markings on tube								
	3- Deburr								
110	QC6- Inspect dimensions to drawing	0.00							
<b>*110*</b>	Memo	0.00							
QC									
Quality Control									

(H)

13-01-30

(P) 13-1-29

(P)

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							

Work Order ID 96665

January-30-13 1:26:30 PM

\*96665\*

Page 2

Item ID: D2236

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Lid Rib

Stop

\*NS2\*

Start Date: 1/30/13 Start Qty: 8.00

\*8\*

Cust Item ID:

Required Date: 2/13/13 Req'd Qty: 8.00

\*8\*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

120

Identify as per dwg & Stock Location:

0.00

13-01-30

\*120\*

Packaging

Packaging

Memo

0.00

130

QC21- Final Inspection - Work Order Release

0.00

13/1/31 D

\*130\*

QC

Quality Control

Memo

0.00

13-01-31

NCR: Yes / No

DQA: Date:

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

# Picklist Print

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Page 1

Work Order ID: 96665

\*96665\*

Parent Item: D2236

\*D2236\*

Parent Item Name: Lid Rib

Start Date: 1/30/13

Required Date: 2/13/13

Start Qty: 8.00

Required Qty: 8.00

Comments: IPP REV:A 12.11.28 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3166-3		Manufactured	No			100	Each	7.6605	1	8			

\*D3166-3\*

Basket Hoop

\*\*

386824-1x

SL 13-01-30

Location	Loc Qty	Loc Code
WA004	7.2216646	
81578	0.1052	
86824	2.1480526	
87793	2	
92169	2.968412	
WA007	0.4388	
77294	0.4388	

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

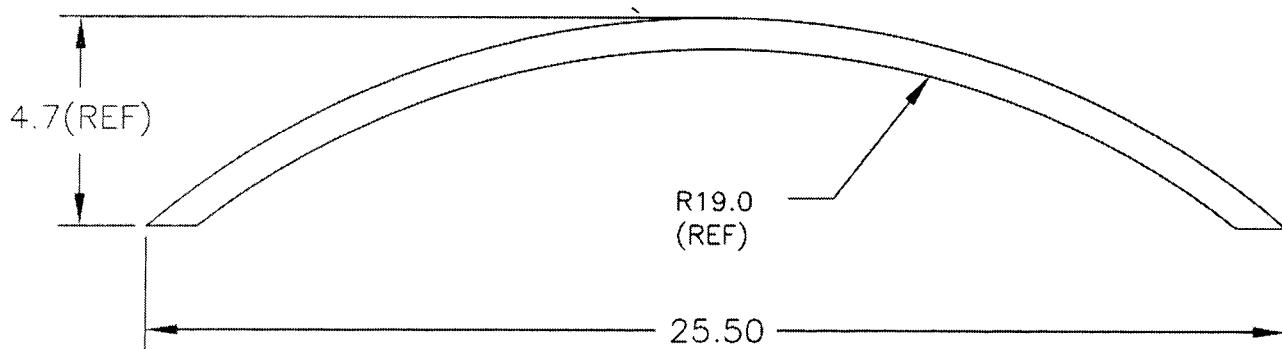
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_



DESIGN BW	DRAWN BY PH	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>[initials]</i>	APPROVED <i>[initials]</i>	DRAWING NO. D2236	REV. C SHEET 1 OF 1
DATE 05.06.07		TITLE LID RIB	SCALE 1:4

RELEASED  
05-08-99 *[initials]*

A	94.05.30	NEW ISSUE
B	94.12.16	LID
C	05.06.07	UPDATE NOTES, CHANGE RADIUS TO 19.0



**D2236**

SH  
S  
F  
UNCO  
SUB  
W  
W  
9666545  
13-01-30

D2236 LID RIB

- 1) MAKE FROM D3166-3 BASKET HOOP
- 2) FINISH: NONE
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) ALL TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

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NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							